

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UB	70275	12-30-98
O.L.P.E. CLASSIFIER			
FORMALITY REVIEW		71471	1/19

INDEX OF CLAIMS

✓ Rejected N Non-elected
 - Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy